

Application for Other Controlled Substance Registration

License Cycle October 1–September 30

Application fees are nonrefundable

This is for a: <input type="checkbox"/> New Registration <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change in Primary Registrant			
Check all that apply			
Type of Registration/Fee: <input type="checkbox"/> New Registration <input type="checkbox"/> Animal Control (Sodium Pentobarbital) \$40.00 <input type="checkbox"/> Precursor Chemical \$65.00 <input type="checkbox"/> Other \$40.00 (Specify) <input type="checkbox"/> WDFW — Chemical Capture Program (no fee)			
Demographic Information			
NAME OF BUSINESS		PREFERRED DATE OF INSPECTION	
BUSINESS LOCATION ADDRESS	CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE
BUSINESS TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
Ownership Information — attach additional sheets as needed			
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government Owned <input type="checkbox"/> Limited Liability Company			
NAME AND ADDRESS OF CORPORATION/PARENT COMPANY, PARTNERSHIP, OR PROPRIETOR			
STATE OF INCORPORATION	CORPORATE NUMBER	DATE OF INCORPORATION	
List names, addresses, and titles of corporate officers, partners, or owners			
NAME	ADDRESS	TITLE	
Ownership or Location Change Information, if applicable			
PREVIOUS OWNER'S NAME & SIGNATURE			
PREVIOUS NAME OF BUSINESS	PREVIOUS OR CURRENT WASHINGTON LICENSE #	EFFECTIVE DATE OF OWNERSHIP CHANGE	
PREVIOUS LOCATION	DATE OF LAST STATE INSPECTION		

List the name(s) and title(s) and/or credentials of person(s) authorized to access, possess and administer controlled substances

Primary Registrant Information

NAME				
DATE OF BIRTH		PLACE OF BIRTH (CITY/STATE)		EMAIL ADDRESS
HOME ADDRESS		CITY	STATE	ZIP CODE

Have you ever been bound guilty of a drug or controlled substance violation? ☐ Yes ☐ No
If yes, explain in detail, provide circumstances, places, dates, and outcomes.

Note: In addition to this application, all Humane Societies, Animal Control Agencies, and WDFW Animal Capture Programs must submit written policies and procedures that ensure its agents or personnel have received sufficient training and demonstrate adequate knowledge of the potential hazards and proper techniques to be used in administering controlled substances.

In submitting this application, it is agreed by me that if any part is found to be false or fraudulent, I forfeit the right to a registration.

I, _____ being first duly sworn upon oath, depose and say that the answers to the foregoing questions and statements make in the above application are true and correct.

SIGNATURE OF PRIMARY REGISTRANT

DATE

Subscribed and sworn to before me this _____ day of _____, 20 _____.

NOTARY SIGNATURE _____

FOR THE STATE OF _____

RESIDING AT _____

MY COMMISSION EXPIRES _____

(NOTARY SEAL)